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FEC	
FORM	•

STATEMENT OF

FEC FORM 1		ORGAN	NIZATIO)N		Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M5	
Bucshon for Con	gress	to the second se				
	1 1 1 1		<u> </u>	<u> </u>	<u>i ! </u>	
ADDRESS (number and street)		PO Box 250		<u></u>	<u> </u>	<u></u>
(Check if a		Newburgh	<u> </u>		<u>IN</u>	47629]-
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRESS	S (Please provide only	one e-mail ado	ress)		
(Check if address is changed)		bucshonforcong				
			<u> </u>	<u> </u>	 	<u>; </u>
COMMITTEE'S WEB	PAGE ADDI	RESS (URL)				
(Check if is change	address	www.bucshonfor	congress.com			
2. DATE 100	08	2009				
3. FEC IDENTIFIC	CATION NUM	MBER	\sim	n de l'agree a partir de l'agree d L'agree de l'agree d		
4. IS THIS STATE	MENT X	NEW (N)	OR (AMENDED (A)		
I certify that I have of	examined this	Statement and to the	e best of my k	nowledge and belief it	is true, correc	t and complete.
Type or Print Name	of Treasurer	John L. Wright				
Signature of Treasure	er	ghu & Ti	iff		Date 10	08 2009
NOTE: Submission of		-		ect the person signing t		the penalties of 2 U.S.C. §437g.
Office Use				For further Information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)